

Note: Instructions for this worksheet are not included on this page.

State of Michigan
Evaluation of the Internal Control Structure (ICS)
In Effect During the Two-year Period Ended September 30, _____

- Worksheet for Evaluating the *Risks, Control Activities, and the Monitoring* Components of the ICS -

Description of Departmental Activity: _____

Activity Level Objective	Risk Factors Associated with the Activity Level Objective	Risk Rating in an Uncontrolled Environment HI MED LO		Actions/Control Activities Intended to Address Risk Factors	Monitoring (e.g., tests of controls etc.)	Conclusion (Sufficiency/Effectiveness of Existing Internal Controls)
		Severity	Frequency			
1.						
2.						
3.						
4.						

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		Severity	Frequency			
5.						
6.						
ACTIVITY LEVEL OBJECTIVES - Overall Conclusion/Control System Strengths and Weaknesses						

I certify that this evaluation of the Risks, Control Activities, and the Monitoring components of the internal control structure, for the activity defined as _____, in effect during the two-year period ended 9/30/04 has been conducted in a reasonable and prudent manner, and I concur with the conclusions documented above as a result of this evaluation.

Activity Level Manager Signature

Date